To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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(Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
1. Maria Foulker	Maria Foulker	Street: 7877 Glo HR Rd City: Lodi zip: 53555	Town   Village   ANE	/2 /// 20_// (Month) (Day) (Year)	Email Phone	
1. Maria Foulker 2. Julie Snyder	Julie Snyda	Street: 249 Demilo Way City: Madison zip: 53718	□ Town □ Yillage	/ /5/20/2 (Month) (Day) (Year)	Email Phone	)
3.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	)
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10.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	)
Linda HORVATH		city: zip:  1 of Circulator  rtify): I reside at 3/05 Oakvilge Avenue an (Circulator's Residence - Street name an	□ Village □ City	(Month) (Day) (Year)		) ators, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. T	HE NAME OF THE MUNI	CIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		PO Box Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUI Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
Jeffrey S. Bartig	May Burton	street: 277 Wilderness City: Brooklyn	Way zip: 53521	Town Village Oregon	1 /13/2012 (Month) (Day) (Year)	Email Phone	)
Jeffrey S. Barting Lubruez H. M. ATERN	Trus of 12 Older	Street: 7834 E BAKB	200K (22)	Town Cry of Village WADUSON	(Month) (Day) (Year)	Email Phone	
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(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 2 Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTACT SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE PRINTED NAMES OF ELECTORS (Indicate Town, City, or Village) Rural address must also include box or fire no. Email □ Town ☐ Village Phone ☐ City Email ☐ Town
Village
☐ City < 400 NAW Phone Email ☐ Town ☐ Village Phone ☐ City zip:53583 Email Town Village Wyoming Knobs Phone Email ☐ Town /20 □ Village Phone ☐ City (Month) (Day) (Year) Email 6. /20 ☐ Village Phone ☐ Citv (Year) (Month) (Day) Email □ Town /20 ☐ Village Phone ☐ Citv

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1.		Street: 517-3 nd ave	Town  Novillage New G/Arus  City	12/3/20_11 (Month) (Day) (Year)	Email Phone	
Kuth M. Wyttenba	ch Kuth Muyttenback	City: Hewest Jakus Zip: 53574	<b>⊠</b> Town	/1///20//	Email	
This land Hevers	Sharle Stones	And for 164914	City Con V Char	(Month) (Day) (Year)	Phone (	)
Judy Gruber	Ludy Druber	Street: 67 Bellevue PL.  City: Appletoru Zip: 54913	Town Village Appleton	12/1/20// (Month) (Day) (Year)	Email Phone	)
Haden Gruber	Harlam Sumer	Street: 67 Bellevue Place City: Appleton Zip: 54913	Town Village Appleton	12/1/20// (Month) (Day) (Year)	Email Phone	)
5. Jon Hose	The	Street: 105/7 N W Hy 14  City: Evanguille WI zip: 53536	☑ Town □ Village	12/17/20_11 (Month) (Day) (Year)	Phone (	
6. Laura Hegge	Laura & Hagge	Street: 10517 N US 1 + wy 14  City: 1= 10915villo WI zip: 53536	XTown Village Union	12 /17 /2011 (Month) (Day) (Year)	Phone (	
7. Kunera Peterson	(A)	Street 724 Suppling Way City: Sn Pruisio zip: [3590	Town Village Jul Prantip	/ Z / /7/20/1 (Month) (Day) (Year)	Phone (	)
8.		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
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(Name of Circ	culator)		e officeholder named in this netition. I know t	Municipality) that each person signed 13(3)(a), Wis. Stats.	Pi	<b>ators</b> , please in Phone ( Email

(Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT
"Ann Beach	anna Booch	Street: 60×633 501 14m Ave Apr 833 CM	Town New Garus		Email Phone	)
ANN Beach Lawa Welsta	2 D Wat	street: 203 Foxest St.  City: Mt. Hard Zip: 53572	Town Willage Mt. Harb	(Month) (Day) (Year)	Phone (	)
3.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	)
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١			Certification of	of Circulator					
Ι.	Carol Mixa	for f		fy): I reside at N74	1 1 40 1400 1	J Town o	& New Gla	Circulators, please i	ir.
[ pe		(Name of Circulator) nd personally obtained of		Circulato) he signers are electors of the jurist	r's Residence — Street name and diction or district represented by the call petition. I am aware that falsifyin	officeholder named in this petition. I know	that each person signed	Phone (60	
	Nou. 1 21	/ <u>20 \\</u>	Caul M	(Signature of Circulator)		,	Official Use Only)	Email	-
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PO Box Madisor THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING NAME & SIGNATURES OF ELECTORS (Also Indicate Town, City, or Village) Rural address must also include box or fire no. N7736 UAlley Usew Rd **Email** 1. Town ☐ Village ☐ Citv Phone City New Glarus W, Zip: 535-74 (Municipality Name) (608 Email 2. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Zip: 3. Email ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Zip: Email ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) Zip: Email ☐ Town ☐ Village ☐ City Phone (Municipality Name) **Certification of Circulator** (certify): I reside at \(\Lambda\) Circulators, Please include you I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		c
1. WILLIAMRHAIGHT	William R. Haight	Street: W5367 WINDMILL RIDGERD Chy: NEW GLARUS WI ZID: 53579	City New QLAICUS	11 /27/20 <u>11</u> (Month) (Day) (Year)	Email Phone	_
DARYL MURKEN	Bast Mulson	Street: NSZ 50 MARTY ROAD  City: NIEM GLANUS, WI zip: 53574	MTown NEW GLARUS	/ 1 /2 9/20 (Month) (Day) (Year)	Phone (	_
3.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
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Carol Mixdorf (Name of Circu		ertify): I reside at N7494 County (Circulator's Residence - Street name	e and Number) (Circulator	F New Glaras or Municipality)	Circuia	ato:
	The state of the s	nat the signers are electors of the jurisdiction or district represented by ive residences given. I support this recall petition. I am aware that falsi	withe officeholder named in this petition. I know t	that each person signed (2.13(3)(a), Wis. Stats.	En	

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Sarah C. Boatman	Sand B		Town Willage Montice/10	12/4/2011 (Month) (Day) (Year)	Phone (	
2. AL FRED W ASLAKSON	applu Blaker	Street: 809 Railroad 52 City: NEW GIARUS Zip: 53574	□ Town  St. Village □ City  □ City  □ City	12/4/20// (Month) (Day) (Year)	Phone (	
3. Randy L Naot 2	Rady 2 Nas	Street: 4529 N Laura Dr City: James wille wil zip: 53548	OSTOWN JaveSuille	12/4/2014 (Month) (Day) (Year)	Phone (	)
Naat2  4. Justin Oppliser	Joseph Joph	street: 418 Greenveiw Ave  city: Manfice 10 zip: 53570	D Town BWillage Monticello	/ 2/ 4/20/1 (Month) (Day) (Year)	Email Phone	<u> </u>
5.		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
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George H. Siek	Certification	n of Circulator extify): I reside at W5309 Windmill Ride	la Rd. New GlARI	<u>'us</u>	Circu	lators o

(Circulator's Residence - Street name and Number) (Circulator Municipality) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her happe. Iknow their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator) (Year) (Month) (Day)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	COI
1. PAUL F. KLASSYTE	Soul Followy	Street: W6701 KLASSY ROKT City: NEWGLARUS Zip: WI	Strown VEWOMRUS	12/3/2011 (Month) (Day) (Year)	Phone ( )
2.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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r	SINSAN K TI	IRNER.	(certify): I reside at 501	14-16 AVE#		anvs_
,	(Name of Circ	nulator)	(Circulat	or's Residence – Street name and	l Number) (Circulator l	Municipality)
[ pe	ersonally circulated this recall petition and personally of paper with full knowledge of its content on the date inc	btained each of the signatures on this paper. I know dicated opposite his or her name. I know their response	w that the signers are electors of the juri ective residences given. I support this r	sdiction or district represented by the ecall petition. I am aware that falsifying	officeholder named in this petition. I know the officeholder named in this petition. I know the officeholder should be officeholder named in this petition. I know the officeholder named in this petition.	13(3)(a), Wis. Stats.
	12/3/201	1 Dusan K	- Tunn		r	fficial Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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Rebecca S. Jenk	Reseccasseul	Street: 519 9th Avenue  City: New Glarus zip: 53574	Town New City Glarus	61/07/20 <u>/2</u> (Month) (Day) (Year)	Phone (60
LeAnn Powers	· · · · · · · · · · · · · · · · · · ·	Street: W7080 State Pd 39 City: New Glaws Zip: 53579	Town Stillage New Gaws	//7/2012 (Month) (Day) (Year)	Phone (60
Theresa Portzer		Street: 6620 Schroeder Rd 47  City: Madison WI Zip: 53711	Town Village Mach Son	/ 7/20/2 (Month) (Day) (Year)	Email +90 Phone
Jacob K. Lockey	1 N M	Street: 6820 Schroeder Lol #7  City: Madi. Son zip: 53711	Town Village Or City  Malison	(Month) (Day) (Year)	(253
Janet Urfer	0 12 1	10-10 1- 10-4	Town Village Clarus	//7/2012 (Month) (Day) (Year)	Fhone (
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THOMAS E. COUL	1-4		CRESTANT EX	Ship of  ETER  r Municipality)	Circulat Ph

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1. Theresa L. Carbon	Therean S. Caulso	Street: 2112 Block Oak Rd.  City: Hollandale, WI zip: 53544	Trown Village Ridgeway	12/16/2011 (Month) (Day) (Year)	Phone (	
MARILYN M. LOKKEN	Mar. Dine in Lolden	Street: N9581 YORK VALLEY RA CHYBLANCH ARDVILLE ZIP: 53516	Sown Village UUK	(Month) (Day) (Year)	Email Phone	
3.	11 juneage private and	Street:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone	
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Debra Fairbunks	Certification	of Circulator N7655 County Road tify): I reside at Montroello, W1535	JO TOWN OF	1	(	Jators n

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or hervname. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	C
1. Ashley Byers	ashley Byers	Street: 2416 Perry St. Apt 202 City: Madison zup: 53713	Town Madison Village McCity	12/10/2011 (Month) (Day) (Year)	Email Phone
2. Mary Coughlin	Ashley Byers Mary Gughlen	Street: N2183CTXT 59944 M.C.	Town Village City Kildere	19/10/20 <u>11</u> (Month) (Day) (Year)	Email Phone
2. Mary Coughlin 3. Daniel J Coughlin	A Dan Cough	street: W2983 Coughlin Rd city: Ltundon Stg Wi zip: 53944	Village Lyndon	12 /10 /20 11 (Month) (Day) (Year)	Email Phone
* Linda Nate	Simble Note	Street: NaO81 HWY J  City: Lyndon Sta. WI. zip:53944	SATOWN Uillage City Kildare	12/10/2011 (Month) (Day) (Year)	Email Phone
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Linda K. Coug	<del>-</del> :	ctty: Zip:  n of Circulator  ertify): I reside at N9/50 Canding Cr (Circulator's Residence – Street name an	rest hon- Exete	p of eV r Municipality)	Circulator

(Name of Circulator)

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(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						Mad	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON	
1. Danielle Risley	Lamille Jisley	Street: 554 S. Main St. City: Montricello 21p: 53570	Town Willage Monticello	[2/17/201] (Month) (Day) (Year)	Email Phone	···	
2.	1/01D*	Street Street	Town States	(Month) (Day) (Year)	Email Phone		
3.	1	Street: 606 5th Ave	Town Village New Glass	02/07/201Z	Email Phone		
Kimbuly Black	LBlack	City: New Olana zip: 53574	Town	(Month) (Day) (Year)	Email	)_	
Eugene Duft	Esgono Buffy	cinstellite zip: £3508	City New Glarus	(Month) (Day) (Year)	Phone (Email	)	
5. / Do		Street:  City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone (	)	
6. Linda L Duff	Frida 1 Nadla	Street: N941/2 (ty U) City: Belleville W/ Zip: 53508	Oxtown Utillage City New GIARUS	//7/20/2 (Month) (Day) (Year)	Email Phone		
7.	y on ma a woppy	Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone		
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Certification of Circulator  Keith A. Steffen  , (certify): I reside at N9498 Tyvand Rd.							

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Bonnie Olson	Bonn & Oden	Street: N7404 High Priarie LN 53574 City: Dew Glerus Zip: W. L	Down Was Glavus City	(Month) (Day) (Year)	Email Phone
Cindy Blankenship	Condy Blankowlip	Street: W/0428 Klassy RO City: WPW Glasus Zip: 53574	B Town Dew Glarus City	(Month) (Day) (Year)	Email Phone
Ingela Longmore	Angle Lon -	Street: 819 4thst City: New Glarus WI zip: 53574	ZVillage New Glorus  City	(Month) (Day) (Year)	Email Phone
tions Backin	Denmo Bachm	Street: 922 2195 5T  City: MONROE zip: 535706	□ Town □ Village ☑ City  □ WRO €	// /8/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Lexa Speth	2 Solli	street: 109 5th Ave #3  City: NewGlarus, WI zip: 53574	D Town Prillage City New Glarus	// /18/20 <u>1/</u> (Month) (Day) (Year)	Phone (Email
DEAN STREIFF	Dean Streist	Street: HWY W 5124 City: NEW GLARUS Zip: 53574	■ Town □ Village □ City  NEW GLARUS	// // 20 <u>//</u> (Month) (Day) (Year)	Phone (Email
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(Name of Circulated this recall petition and personally ob with full knowledge of its content on the date indi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know t	hat each person signed	1

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Co					PO
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIP	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	Mac
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Steven G VAN DYKE	\$HA	Street: 2617 CFH M M  CHy: FITCH BURG Zip: 53575	Drown Drillage City FITCH BURG	11 /28/20(1) (Month) (Day) (Year)	Phone ( )
2. Samie Paker	American	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone ( )
Jamie Baker	Jam	Street: 321 frimrose Center Rd City: Belleville WI zip:53508	MTown Uvillage City Primrose	/6 /20 <u>12</u> (Month) (Day) (Year)	Phone ( )
Jamie Baker  A.  RANDY STATZ	Paul St	Street: 570 S. Linearn St City: Marticenu WI zip: 53570	D'Ovn  SDVillage City  NINTE CILD	1 /8 /2013 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ( )
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Steven G Van Dyke	ENQ.	Street: 2617 CTH MM City: FITCH BURG Zip: 53575	DYIllage City FITCH BURG	1 ( /28/20() (Month) (Day) (Year)	Phone ( )
2	Jahren Jahren Lander La	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ( )
Jamie Baker	Jam	Street: 321 Primrose CenterRd City: Belleville WI zip:53508	YTown Utillage Primrose	/6 /20 <u>12</u> (Month) (Day) (Year)	Email Phone
Jamie Baker  A.  BANDY STATZ	Paul It	Street: S70 S. Linearn S+  City: Marylice NU WI zip: 53570	Town Scovillage City NWTIC CILD	1 /8 /2013 (Month) (Day) (Year)	Email Phone
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MAR LA HAND 9  (Name of Circulated this recall petition and personally of	ulator)	ify): I reside at 19/18/19/2052 (A) (Circulator's Residence – Street name are the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	nd Number) (Circulator I	MROSZ- Municipality) that each person signed	Circulators, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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vargaret Nawiiiams	Margard Marsi	street: 3825 Monoha	zip: 53714	□ Town □ Village MONOVA  78. City	01 /02/20 <u>12</u> (Month) (Day) (Year)	Email Phone
ristine McWilliams	andhasa	street: 305 Palomino City: MadiSon	Ln#2 zp:53705	Usuage Madison	01/02/2012 (Month) (Day) (Year)	Email Phone
		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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andall Anthony	Edge	tify): I reside at 3157 Mu	ir Field Rd.	Apt: 46 Cty of (Circulator	Madison	Circul

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Certification of Circulator  Andall Anthony Edge  (Name of Circulator)  (Name of Circulator)  (Name of Circulator)  (Name of Circulator)  (Circulator's Residence – Street name and Number)  (Circulator Municipality)	0.		cay.	□ Town		
Certification of Circulator  Andall Anthony Edge ,(certify): I reside at 3157 Muly Fuld Rd., Apt. 46 City of Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)  ally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electrone or district represented by softing this certification is pusicipally and as \$13.0(a) Wis State of the contribution of the personal petition is an aware that fall forms to the data in time and the personal petition. I am aware that fall forms to the data in time and the personal petition. I am aware that fall forms to the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is personal petition in the personal petition is personally of the personal petition in the personal petition is pusicipally and as \$13.0(a) Wis State of the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personally of the personal petition in the personal petition is personal petition.			Street:	□ Village	l ' Phone	
andall Anthony Edge ,(certify): I reside at 3157 Muir Fuld Rd., Apt. 46 City of Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)  Ally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electron or district represented by the officional representation in this petition. I am aware that falsifying this certification is pusicipally under \$1.13(3)(a) Wis State (Circulator Municipality).				2 City	(Month) (Day) (Year)	( )
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)  Ally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed are with full knowledge of its content on the data indicated are with his assertion and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed are with full knowledge of its content on the data indicated are with his captification is punishable under \$1.13(3)(a). Wis State of the content				1101 1+4 01	1. 11.	
(Name of Circulator)  (Name of Circulator)  (Name of Circulator)  (Circulator Municipality)  Phone	angall Antho	ony Eage	(certify): I reside at 3157 Muly Ho	ua Ka. Apt. 46 City	of Maouson circ	culators, į
- with full browledge of its content on the data indicated annuity his reconstitue recidences given I compart this recall netition I am aware that falsifying this continue is numishable under \$ 12.13(3)(a) Wis Stats	nally circulated this recall petition and pers	onally obtained each of the signatures on this paper. I know	that the signers are electors of the jurisdiction or district r	epresented by the officeholder named in this petition.	Culator Municipality)  I know that each person signed	Phone (
	er with full knowledge of its content on the	date indicated opposite his or her name. I know their respe-	ctive residences given. I support this recall petition. I am a	ware that falsifying this certification is punishable u	ider S.12.13(3)(a), Wis. Stats.	Email

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DAVID L. BUMP	David S. B.	Street: W495 BUMP RD City: ALBANY Zip: 53502	Town Swillage City  ALBANY	11 /22/20/1 (Month) (Day) (Year)	Email Phone	
2. Daniel Boyle Jr.	Dal d'3m h.	Street: N8350 Marty Rd.  City: New Glaves zip: 53574	Town   Village   Vew Glavus	/d3/20	Email Phone	
3. Jennifers Bayle	guilf S Boy	Street: N9350 Marty Rd City: New Glarus zip: 53574	Octy New Glarus	11/22/2011 (Month) (Day) (Year)	Email Phone	)
4. Ursula Hermanson	Mela Jamarese	Street: N9245 Hux 78 City. Blanchard ville Zip. 53516	Yown □ City Yow C	(Month) (Day) (Year)	Email Phone	)
5. Steve Hermanson	Steve Hermans	Street: N7573 Gould Hill Rd	Trown Village City  Vork	// 2 20 // (Month) (Day) (Year)	] Phone (	)
5 Jeff Borcharding	Jeff Bordonly	street: NG197 Stat. Road 78 City: Blonchardulla 50:3576	Drown   Village   York	\\\\/27\/2011 (Month) (Day) (Year)	Email Phone	)
Debra A Severson	Debia a Sureison	Street: N8490 Hay Hollow Rd City: Blanchardwillezip: WI535	Town Ovillage Oct	)   /30/20 11 (Month) (Day) (Year)	Email Phone	
8. Mark Muench	Whil I Munh	Street: U8830 ST KJ 39 City: Blanchardville zip: 53516	MTown O'llage City Tork	/2/3/20H (Month) (Day) (Year)	Email Phone	)
9. GERALY TEWS	Mudden	Street: NB788 HWY J City: BLANC HARD VILLE Zip: 53516	Town VOLK	/2/3/20_1/ (Month) (Day) (Year)	Email Phone	)
BRODY MACLEAN	Dadyhl	Street: WBO87 CTY HWY H City: BLANCHARDVILLE zip53516	Town VORK	12 /3 /20 11 (Month) (Day) (Year)	Email Phone	
Certification of Circulator  Stephen J Van Hont  (certify): I reside at W9157 York Center Rd. Blanchard Ville Town of York  (Circulator's Residence - Street name and Number)  (Circulator Municipality)  SVH						

SVIX Circulators, please (Circulator's Residence – Street name and Number) SVH (Circulator Municipality) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commi PO Box

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONT
Trudy E Kaver	Trudy & Some	Street: N9039 You k Center City: Blanchardville 21p: 53516	ETown York □ Village □ City	(10) (10) (Year)	Phone (	)
Trudy E Raver David G Soland	Sall Sall	Street: N9039 York Center Rd.	Town Village City	OC / O3/ 20 12 (Month) (Day) (Year)	Phone (	)
Mark J. Burke	Mail J. Bule	street: N9254 York Center Rd Chy: Blancharduille zip: 53516	D'Village Ocity	01 /09/20 <u>12</u> (Month) (Day) (Year)	Phone (	)
Mark J. Burke  Bancla J. Burke	Panela & Buke	Street: N9224 York Center Pol City: Blanchard U/1/2 zip: 535/6	BTown   Vork	01/09/2012 (Month) (Day) (Year)	Phone (	
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (	)
6.		Street:  City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone	
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	)
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9.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	)
10.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	)
Chala T 1/a	Certification	of Circulator	Plancher	duille Tow	n of i	<b>York</b>

(certify): I reside at N9151 YOK CENTER RA. (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name, I know their respective recidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year) (Month)

Circulators, pleas Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Month)

(Day)

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Phone

Email

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madise	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Jay 5. Smith	Jay 1. Smith	Street: 261 Oakbrook Dr.  City: Lake Mills 24:53557	Town Swh	2  25  20 <u>11</u> (Month) (Day) (Year)	Email jay fr Phone (920) 2
Jessica A Smith	Jessica A. Smith	Street: 26 Oakbrook Dr city: Lake Mills zip: 63551	Town J. Village P.City Lake Mils	2 / 25 / 20 11   (Month) (Day) (Year)	Phone ( )
3. Scott H. Smith	SSIH Smith	Street: 1010 Canter St.  City: Lake Mills zip: 53451	Town Willage Nake Mills	1/6/20/2 (Month) (Day) (Year)	Phone ( )
Jill Smith	on brien	Street: 1010 Center St City: Lake MUS zip: 53551	Town Village ACity Lake Mills	1 / 4/20 <u>12</u> (Month) (Day) (Year)	Phone ( )
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ( )
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ( )
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9.	3.	Street:  City: Zip:	□ Town □ Village □ City	/ /20	Email Phone ( )
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone ( )
Linda M. Smith	Certification (		d Tawn of	F Exeter Municipality)	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

(Signature of Circulator)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Belinda Pratt Selinda City: Mentice (10 zip: 53570 City Mt. Preeson	/25/2011   (Month) (Day) (Year)	Phone ( )
2. KEVIN D. PIZATT JA J JA J JAN Street: NGHOY KNEW RD Town Utiliage City: Montice/10, WISCZID: 53510 City MT P/LOSENT	// 25/20// (Month) (Day) (Year)	Phone ( )
3. Ryan Wild Bull Street: 1114 2151 Street Town Village City Monroe	/ /8/20 <u>12</u> (Month) (Day) (Year)	Phone ( )
Cindy Lincoln Cinay Lincoln City Dincoln City Mourol Zip: 53566 City Defferson	1/9/20 <u>12</u> (Month) (Day) (Year)	Phone ( )
Street:    Town   Village   City   City	/ 20(Month) (Day) (Year)	Phone ( )
Street:  City:  Street:  City:  City:  City:  City:  City	/ /20(Month) (Day) (Year)	Phone ( )
7.  Street:  City:  Zip:  Town  Village  City	/ /20(Month) (Day) (Year)	Email Phone
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10.  Street:  City:  Zip:	/ /20(Month) (Day) (Year)	Email Phone
Certification of Circulator		
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.1.	Municipality) that each person signed 2.13(3)(a), Wis. Stats.	Circulators, please Phone ( Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONT
1. Sali L limiter	phillipping	Street 1945 Hawk Kylg 1269 City: Un) (1 W U) 219: 53574	D'Town City CXCC		Email Phone	)
Patrick Riniker	Hall	Street: N9495 Hawk Ridge Rd City: New Glavus zip: 53574	DYOWN DYIllage Exete/	12/13/2011 (Month) (Day) (Year)	Email Phone	
3. Gerald L Ennis	South Ens	Street: N9528 Argue Rd City: New Glavas, Wi zip:53574	Town City Exetev	[2/14/20 <u>11</u> (Month) (Day) (Year)	Email Phone	)
Patrick Riniker  3. Gerald L Ennis  4. Hope M. Ennis  5.	Hope M. Ennis	Street: N9528 Avaue Rdc City: New Glavus zip: 53574	Drown City Exeter	/2 //4/20 // (Month) (Day) (Year)	Email Phone	)
5.	, <b>/</b>	Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone (Email	)
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (	)
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10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
, <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	, (cen	of Circulator  tify): I reside at  (Circulator's Residence - treet name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	I Com of Exected Number) (Circulator e officeholder named in this petition. I know ing this certification is punishable under S.12	Municipality) that each person signed 1.13(3)(a), Wis. Stats.	P	ators, plea

(Signature of Circulator)

(Day)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Nicholas T. Rahn	michelar + Rehr	Street: 25 Frederick Cir. City: Madison 53711 zip: W ISS	Town Usilage BCity  MddiSOV	01 /09/20 <u>[2</u> (Month) (Day) (Year)	Email Phone
Vorcile C. Murdock	Specile C. Mindeel	Street: 2313 Allied dh Apt 308 City: Madr SON Zip: 5371/	Drwn Wadisun	0/ /09/20 <u>12</u> (Month) (Day) (Year)	Phone ( )
3. Glenna Andrews	Genlung	Street: 1506 Wamut Cir City: Middleton Zip: W160	O'Village Middleton	01/09/20 <u>12</u> (Month) (Day) (Year)	Email Phone ( )
* Soutain Stewart	Jaran floriar P	Sireet: 1714 Brittany Pl Apt 1  City: Madi Son zip: 53711	Town Village Maddis	(Month) (Day) (Year)	Phone ( )
Jed W. Koch	Led W. Hork	street. 7796 Manistee Gurt city: Verona WI zip. 53593	Town Village Middleton	O //10/20/Z (Month) (Day) (Year)	Phone ( )
6.	,	Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) (Year)	Email Phone ( )
7.	^	Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
8.	600	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
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10.		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone ( )
Gregory G. Davis  (Name of Circulated this recall petition and personally obtained the second of the content on the data indicated the second of the content on the data indicated the second of the content on the data indicated the second of the content on the data indicated the second of the content on the data indicated the second of the content on the data indicated the second of the content on the data indicated the second of the content of the second of th	lator)		d Number) (Circulator	eter, WL 535 Municipality) that each person signed .13(3)(a), Wis. Stats.	Circulators, plea. Phone (U

To the Wisc Government Ac untability Coard: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

Return by Jan
Committee to
PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				PO Box 2569 Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
sin fam Style	street: 5650 Forest Ct.		1/10/2012 (Month) (Day) (Year)	Foado Phone (414)
Print:  Sign:  3.	Street:  City: Zip:	□ Town □ Village □ City	//20(Mouth) (Day) (Year)	Email Phone
Pelnt:Sign:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )
Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Email Phone
(Printed Name of Circulator)	Certification of Circulator (certify): I reside at 56,50 Forest Ct (Circulator's Residence - Street Name and Num	( an omaior in micipa	vatity) n	Circulators, Please include your conta
I personally circulated this recall petition and personally ob- named in this petition. I know that each person signed the p- recall petition. I am aware that falsifying this certification is	1 1/2 (	rs of the jurisdiction or district represented by the of the name. I know their respective residences given.	officeholder a. I support this	Phone (4(4))

(Month)

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(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jar Committee to

PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Keyn R fisher	Street: 1615 Jeffedon St #/	Town Village City  MADISON (Municipality Name)	12 /31/2011 (Month) (Day) (Year)	Phone
2. Print:		□ Town		Email
Sign:	Street:  City: Zip:	☐ City  (Municipality Name)	(Month) (Day) (Year)	Phone ( )
3. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )
I, Joseph Leo alley (Printed Name of Circulator)	(certify): I reside at 631 N. Bay River A (Circulator's Residence Street Name and I	Ve Villag of White Number) (Circulator Muni	fish Bay	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Year)

Please include your conti

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott alker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee t PO Box 256 Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
Alicia Beard Mucia Bo	street: N13999 20th Ave. N.  City: Necedah zip: 54646	Town U Village City  Armenia (Municipality Name)	////2012 (Month) (Day) (Year)	Email  On bed  Phone  (GOS)	
dut:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (	
int:gn:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (	
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Alicia Beard	Certification of Circulator	redah 3+1646 town of A	Frmenia	Circulators	

ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder ned in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator Municipality)

Circulators,

Please include your c

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN THE NAME OF THE MUNICIPALIT	DIFFERENT THAN MUNICIPAL Y OF RESIDENCE MUST ALWA	JTY OF RESIDENCE, IS NOT SUFFICIENT.		PO Box
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER ( Rural address must also i	OR RURAL ROUTE nelude box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1.  Print: Liang-Sy Wan Edward Jen  Sten: 982	1125 W. MONTOLO	ire Ave,	□ Town □ Village  SCity	12/24/2011	Email TD
Sign: 25 / 2.	av. Glendall	zip: 53217	Glendale (Municipality Name)	(Month) (Day) (Year)	(414
Print	Street:		□ Town □ Village □ City	/ /20	Email
Sign:	City:	Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
S,	Street:		□ Town □ Village □ City	/ /20	Email
Sign:	City:	Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
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Sign:	City:	Zip:	(Municipality Name)	(Month) (Day) (Yenr)	Phone (
Print:	Street:		□ Town □ Village □ City		Email
ilgu:	City:		(Municipality Name)	/20 (Month) (Day) (Year)	Phone
/ C Ed. and To	Certific	ation of Circulator			<u> </u>
(Printed Name of Circulator)	(certify): I reside at \(\bigcup_{\infty} \operator \mathbf{W} \cdot \mathbf{M}\)	sidence – Street Name and N	Jumber) Glendoile (Circulator Muni	cipality)	Circulators, Please include yo

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. State

(Month)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. Print: Ashley Kopel 14	street: W7620 NO4hSpring Dr.	▼Town □ Village □ City	1/9/2012	Email	
Sign: ASWILL WORLD	street: W7620 NO4hSpring Dr.  City: Greenville zip: 54942	(Municipality Name)	Month) (Day) (Year)	Phone (	
2. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	Month) (Day) (Year)	Phone (	
3. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	Month) (Day) (Year)	Phone (	
4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	/ /20 Month) (Day) (Year)	Phone (	
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	/ /20 Month) (Day) (Year)	Phone (	
1. Ben Albrecht	Certification of Circulator (certify): I reside at 308 Cedar 54.	Eau Claire		Cinquiatora	

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(Circulator's Residence - Street Name and Number)

(Month)

(Day)

(Printed Name of Circulator)

/20/2

(Signature of Circulator)

Page No (Official Use Only)

(Circulator Municipality)

Circulators, Please include your

Phone (715

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: STEFWEN F. HELMERS Sign: SUMM	Street: W6416 HUNTER LOKE Rd	Town  Village  City  Aprilia   It   Norm	(Month) (Day) (Year)	Email  Phone
2.	City: WINTER Zip: 54896	(Municipality Name)		715 <sup>3</sup>
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
3. Print:	City: Zap: Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Print:	Street:	□ Town □ Village □ City	/ /20	Email
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5. Print:		□ Town □ Village □ City		Email
Sign:	Street:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
	City: Zip:  Certification of Circulator			
I STEDIEN F. HELMERS		11 man 1.5T	<11.00	17 E
(Printed Name of Circulator)	(certify): I reside at (Circulator's Residence - Street Name and Nu	umber) (Circulator Muni	deipality)	Circulators, Please include your conta

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a),

(Month)

Circulators, Please include your conta Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee t PO Box 256

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print Nancy Butz Sign: Mancy Butz	Street: 4027 60+7 5t.  City: Kenostia 21p. 53/44	□ Town □ Village BYCity  (Municipality Name)	////9/20 <u>//</u> (Month) (Day) (Year)	Email Phone
2. Print:	Street:  City: Zip: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
3. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
4. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print:	Street: City: Zip;	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
I, Ruth Battaglia (Printed Namo of Circulator)	Certification of Circulator (certify): I reside at 195 Walnut St. Ap (Circulator's Residence – Street Name and Nu	ot D Villiage of Comber) Villiage of C	Dregon cipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day)

Circulators. Please include your co

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.O. 10 of the Wisconsin Statutes.

Return by Jan

Committee to

THE MUNICIPALITY	Y USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPA THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALW.			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Christopher Kroz	Street: 120 Kohte St	□ Town  ☑ Village □ City	1/10/2012	Email
Signi Christian Francisco	Street: 120 Kohte St City: Whitelaw Zip: 54247	(Municipality Name)	(Month) (Day) (Year)	(520)
2. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
Triat	Street:	□ Town □ Village □ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )
4. Print:	Streets	☐ Town ☐ Village ☐ City	/ /20	Email
Stgis:	City: Zip:	(Municipality Name)	(Menth) (Day) (Year)	Phone ( )
5.	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Numerical Parties)	(Month) (Day) (Year)	Phone (
1, Heather Knah	Certification of Circulator  (certify): I reside at (Circulator's Residence - Street Name and	t Whitelan	(cinality)	Circulators,
I personally circulated this recall petition and personally	y obtained each of the signatures on this paper. I know that the signers are e			Phone Phone

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. St.

(Day) (Month)

(Signature of Circulator

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569 Madison, WI 53

STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  Street: OH Man Toba ST.  City: Manager Street:	(Also Indicate Town, City, or Village)  Town Village City	DATE OF SIGNING    //3 /20]  (Month) (Day) (Year)	Email tsats
	Scity  Menus HA		tsdot
City: INCOURSHA Zip: 24199	(Municipality Name)	(widnin) (Day) (Year)	Phone (930)
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iti tr	reet: ty: Zip: reet: ty: Zip:	reet:  (Municipality Name)  (ity:  Zip:  (Municipality Name)  (Municipality Name)  (ity:  (Municipality Name)	Village

(Printed Name of Circulator)	(Circulator's Residence – Street Name and Number)	(Čirculator Municipality)
I personally circulated this recall petition and personally obtained each of the named in this petition. I know that each person signed the paper with full know	signatures on this paper. I know that the signers are electors of the jurisdictive wiedge of its content on the date indicated opposite his or her name. I know	ion or district represented by the officeholder
recall petition. I am aware that falsifying this certification is punishable under		and the second s
1 / 13 /20/2	7/10/1	Page No. (Official Use Only)

(Month) (Day) (Year) (Signature of Circulator)

(Printed Name of Circulator)

Headore A. Dutour, (certify): I reside at 1041 MANIToba

Circulators, Please include your contac

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to I PO Box 2569

	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.	Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)  DATE OF SIGNING	CONTA
1. Daysy ME Wilson	street 4525 W. Dean Road #308 as Brown Deer W. 53223	Town    Village   O   0   20   20   20   20   20   20	(4/4)
Print: Sign:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	Phone ( )
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City   (Municipality Name)     (Month) (Day) (Year)	Phone ( )
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)  (Month) (Day) (Year)	Phone (
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)  (Month) (Day) (Year)	Phone ( )
I, Parica Wilson, (Printed Name of Circulator)	(certify): I reside at Certification of Circulator (Circulator's Residence - Street Name and Nur	On Wilwarder Municipality)  (Circulator Municipality)	Circulators, Please include your con
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification is	btained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats		Phone (414) Email

(Month)

(Day)

(Year)

(Signature of Circulator)

Return by Januar

Committee to Rec To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott PO Box 2569 Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. Madison, WI 537 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. CONTACT DATE OF SIGNING MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE (Also Indicate Town, City, or Village) Email Rural address must also include box or fire no. NAME & SIGNATURES OF ELECTORS Town Utillage 1. Phone ☐ City (715 Email ☐ Town 2. □ Village Phone ☐ City (Municipality Name) Email City: □ Town 3. ☐ Village Phone ☐ City Street (Municipality Name) Email City: ☐ Town ☐ Village ☐ City Phone Street (Municipality Name) Email Zip City: ☐ Town ☐ Village 5. □ City Phone Street (Municipality Name) **Certification of Circulator** Circulators, (certify): I reside at N3945 FLOWAGE RD Please include you (Circulator's Residence - Street Name and Number) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder a personanty cucunated this recan person and personanty obtained each of the signatures on this paper. I know that the signature of the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this Email recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Day) (Month)

## PAGENUMBER:

066 (33

# NOT SUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
"Matthew Anderson Ath AL	1Ath IL	Street: 8757 BAKKEN RO.		STOWN SPRINGDALE	1/9/2012
	70000 710	Cay: MT. HOREB	zip: 53572	□ City	(Month) (Day) (Year)
		Street:		□ Town □ Village	/ /20
		City:	7.ip:	☐ City	(Month) (Day) (Year)
		Street:		□ Town	1 /00
		City:	Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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		City:	Zip:	□ Town	, ,
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		City:	Zip:	□ Town	((42)
		Street:		☐ Village ☐ City	/ /20
		City:	Zip:	L CRY	(Month) (Day) (Year)
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		City:	Zìp:	□ City	(Month) (Duy) (Year)
•		Street:		□ Town	/ /20
		City:	Zip:	□ Village □ City	/ / ZU (Month) (Day) (Year)
		n of Circulator	53	572	
Matthew tindes i		ertify): I reside at 8757 Rak	<u>cen</u> Rd. M nce - Street name and	Horeb Town of Sp Number) (Circulator M	ringdala

(Signature of Circulator)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
	Street: W281 N8674 Hideaway Dr.  City: Hartland WI 21p: 53029	Town   Village Town of     City	1/  20  20 <u>1/</u> (Moath) (Day) (Year)	Email G M  YAY 4 7  Phone  (262) 6
2. Print: EDWARD MURLENBACH Sign: Missaud Mouleanach	Street: W281 H 8674 HIDEAWAY Dr  City: Hartland WI 21: 53029	Town of Village Town of Merton  (Municipality Name)	11/21/20 <u>11</u> (Moath) (Day) (Year)	KLATEAU Phone (262)5
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Day) (Year)	Phone ( )
5. Prist:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Moath) (Day) (Year)	Email Phone
Styn:  ARISTINE Mue Henhach	Certification of Circulator  Certify): I reside at <u>W281 N8674 Hi0EAW</u>		MERTON	( )

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
	n of the signatures on this paper. I know that the signers are electors of the jurisd full knowledge of its content on the date indicated opposite his or her name. I kn	
named in this petition. I know that each person signed the paper with i recall petition. I am aware that falsifying this certification is punishabl		ow their respective residences given. I support this
		,,

Christian Muellenback
(Signature of Circulator)

Circulators.

Please include your contact Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee PO Box 25 Madison, V
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THE MUNICIPALITY (	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON			
Sign: Strallline (Dich	Street: 6/00 Senes Frail City: Halis Conners 24: 53130	□ Town  12-Village	) //1/20_/2 (Month) (Day) (Year)	(414			
Sign: MARK Brette	strea: 6100 Senera TR.	Town No village City  Hall Counts (Municipality Name)	//2/20/2- (Month) (Day) (Yenr)	Email Phone (414			
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (			
4. Print:	Street: City: Z4p:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (			
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Mnnth) (Day) (Year)	Email Phone			
I CATHERINE MORICS	Certification of Circulator (certify): I reside at	300 MILWAUKE					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12,1360(a)\$, Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

(Printed Name of Circulator)

(Circulator Municipality)

Phone

Circulators,

Please include your

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. Madison THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town ☐ Village way City City Phone  $(( \circ () )$ 2. **Email** ☐ Town ☐ Village Ware City 1/10/2012 Phone (Municipality Name) (608 3. Email ☐ Town ☐ Village Street: ☐ City Phone (Municipality Name) City: Zip: 4. Email □ Town □ Village ☐ City Street Phone (Municipality Name) City: Zip: 5. Email ☐ Town ☐ Village ☐ City Street Phone (Municipality Name) **Certification of Circulator** (certify): I reside at 827/Wicaan

named in this petition. I know that each person	d personally obtained each of the signatures on this paper on signed the paper with full knowledge of its content on certification is punishable under S.12.13(3)(a). Wis. Sta	the date indicated opposite his or her name. I	isdiction or district represented by the officeholder know their respective residences given. I support this
1 10	120 12 Lunbur Des		Page No. (Official Use Only)

(Signature of Cir

(Month)

(Day)

(Circulator's Residence - Street Name and Number)

Please include yo Phone

Phone (

Circulators,

Return b

Committ

( Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return b Committe PO Box 2

Circulators Please include y Phone

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	NAME OF VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	1
A CAMPAN TO A CAMP	Rural address must also include box or fire no.	(Also Indicate Town, City, or Village)	DAID OF DECEMEN	<del>                                      </del>
Maria Wallate		□ Town	1	Em
PHULIT PICHALL	street: 1732 Forest Civile	Solvillage  City	1/1/2012	P
PAULA MCHALE		Balsam Cake	(Month) (Day) (Year)	Pho
707,0712	City: Balsam Lake 219: 54810	(Municipality Name)		
	Chy: Luci Survi Lucie zip: 570,0		+	Em
Krchard Kadle		□ Town □ village		
	Street: 1732 Forest cir.	City	1/10/2012	Ph
X		Balsam lake	(Month) (Day) (Year)	
(2)	CHY: Balsam Lake ZIPSTAS 10	(Municipality Name)	1	
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ıt:		☐ Town☐ Village		
	Street:	☐ City	/ /20	PI
11		(Municipality Name)	(Month) (Day) (Year)	116
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<b>!</b>	- Street:	City	1 / /20 1	
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The state of the s	Street:	□ City	/ /20	-
<b>1</b>		(Municipality Name)	(Month) (Day) (Year)	
\$	Chy: Zip:		.   !	110

as to the first of	Certification of Circulator	
, PAULA MCHALE, (certif	y): I reside at 1732 Forest Grde	Balsam Lake
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
	each of the signatures on this paper. I know that the signers are electors of the juri with full knowledge of its content on the date indicated opposite his or her name. I shable under S.12.13(3)(a), Wis. Stats.	
(Month) / /O /20 /2 (Year)	(Signature of Circulator)	Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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1.  Print: Achley Compkell  Sign: Cashley Compbell	Street: E20012 Cty RO ND  City: Augusta zip: 54722	Town Village City  (Municipality Name)	###   10   20   12   (Month) (Day) (Year)	Phone (1/
sign: Cari Bryen	Street: E17191 Ctyrd H  City: faul Creek OT zip: 54742	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone (M
3. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Mouth) (Day) (Year)	Email Phone
5. Print:	Street:  City: Zip:	□ Town □ Village □ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
I. Kathlynn Andersen (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 1/6/8 40 the August 1/6/18 40 the August 1/6/18 (Circulator's Residence – Street Name and N		icipality)	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) Please include yo

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Valker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: L'raig Hadley Sign: Lain Hadley	Street: 1410 5th Ave.  City: Baldwin Wizip: 54002	Town  A Village City  Baldwin  (Municipality Name)	/2/20// (Month) (Day) (Year)	Ema
2. Par Cannes	City: Baldwin Wi zip: 54002  Street: 2398 110# 57.	<b>⊠</b> (Town		Ema
Sign: Ven Cimus		☐ Village☐ City  SYANC PRAIRLE (Municipality Name)	/2/2/20 <u>//</u> (Month) (Day) (Year)	Pho
3. Print:	City: NEW RICHMOND Zip: 54017	☐ Town ☐ Village ☐ City		Ema
Sign:	Street:  City: Zip:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Pho (
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Ema
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( Em.
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Pho
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
•	Certification of Circulator	-11		

		City:	Zip:	
<u> </u>			Certification of Circulator	
. Thoma	stox	(certify	y): I reside at <u>N4008</u> ChRd DD	Ellsworth
(Print	ed Name of Circu		(Circulator's Residence Street Name and Nu	mber) (Circulator Municipality)
named in this netition 1	know that each ners	on signed the paper w	each of the signatures on this paper. I know that the signers are electorith full knowledge of its content on the date indicated opposite his or shable under S.12.13(3)(a), Wis. Statt.	ors of the jurisdiction or district represented by the officeholder her name. I know their respective residences given. I support this
<u> </u>	<b>\</b> 0	/20 \	Thomas le	Pagella renicul de VIII
(Month)	(Day)	(Year)	(Signature of Circulator)	#

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPAL THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY			Madis
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Vane 55a Martin Sign: Um merin	street: 600 E Division St.  53098  City: Watertown zip: 65	□ Town □ Village   City  Watertown  (Municipality Name)	01/09/2013 (Month) (Day) (Year)	(9
Print: Ryan Martin	Street: 602 E. Division St.  City: Watertown zip: 53098	Town Village City  (Municipality Name)	1 /9 /20 12 (Month) (Day) (Year)	Phone
Sign:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
ł. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
Priot:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
	Certification of Circulator			
Vanessa Martin (Printed Name of Circulator)	(certify): I reside at 602 E. Division 5t. (Circulator's Residence – Street Name and N	lumber) Watertown (Circulator Muni		Circulato Please include

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Mac
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Robert D. Morden Sign: Robert D. Morden	Street: 1422 N. 21st. Street  City: Superior zip: 54880	Town Village City  Superior (Municipality Name)	/ //0 /20/2 (Month) (Day) (Year)	Ent.
2. Print: ANNETTES, MORDEN Signamette J. Morden		Town Village City  (Municipality Name)	/       20 1 3 -   (Month) (Day) (Year)	(
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Pho (
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Pho
5. Print: Sign:	Street:  City; Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Pho
	Certification of Circulator  (certify): I reside at 1422 N. 21st Street  (Circulator's Residence - Street Name and Number 1997)  Obtained each of the signatures on this paper. I know that the signers are electors		• •	Circula Please inc

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) Cisignature of Circulator)

Page No. (Official Use Only)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified effectors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

alker from office pursuant to Article XIII, So	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE PLANE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
Peter J Naputi	2701 Willard ave.	Town Village Madison	/ / // 20/Z (Month) (Day) (Year)	Phone
Sign: / Let // / /	Madison 53704	(Municipality Name)		( Email
2. Duth NAPUTI	street: 2701 Willard Que	Town Ovillage Ocity  Madison	////20 <u>/-2</u>	Phone
with Dapuri	any: Madison zip: 53704	(Municipality Name)		( Email
3.	Street:	□ Town □ Village □ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( Email
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	
Sign:		(Municipality Name)	(Month) (Day) (Year)	Phone
5.	City: Zip:	☐ Town ☐ Village ☐ City		Email
Print:	Street:	(Municipality Name)	//20 (Month) (Day) (Year)	Phone
Sign:	Certification of Circulator	1 0 ~		
I, Lisa Schrebousdof	_, (certify): I reside at 2701 Will a collection (Circulator's Residence – Street Name and	Ale Mach	unicipality)	Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 1.12.18(3)(1), Wis. Stats. Page No. (Official Use Only)

(Signature of Circulator)

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Return by J

Committee t PO Box 256

Return by Janua

Committee to Re

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Section 12 of the Wisconsin Constitution and 5.9.10 of the W			PO Box 2369   Madison, WI 53
THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		iviauison, vvi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: SPANT HAGEN Sign:	Street: 15345 CARPENTER RD.  City: BAOOKFIELD Zip: 53005	Town Village PROOKFUSLD (Municipality Name)	12/10/2011 (Month) (Day) (Year)	(262) 7
2.  Print: M. ISSA Thomps  Sign: M. ISSA Thomps	Street: P.O. Box 1433  City: Milwauku zip: 53201	Town Village City  Miluaulu  (Municipality Name)	12/24/20// (Month) (Day) (Year)	Email Phone
Sign:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
4. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )
5. Print:	Street:	□ Town □ Village □ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
(Printed Namk/of Circulator)	Certification of Circulator  (certify): I reside at 1/40. Burner J/  (Circulator's Residence – Street Name and Num	,	icipality)	Circulators, Please include your contac Phone
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	obtained each of the signatures on this paper. I know that the signers are electore paper with full knowledge of its content on the date indicated opposite his or in is punishable under S.12.13(3)(a), Wis. Stats.	tors of the jurisdiction or district represented by the her name. I know their respective residences giv	riven. I support this	(26L) 7 Email

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10
Committee to Recall V

	SECTION 12 OF THE WISCONSIN CONSTITUTION AND S.9.10 OF THE VICEOF OF THE VICEOF THE VICE			Madison, WI 53701
1120112011	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	'S BE LISTED.		1
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: Mary Schoettle sign: Mary Schoettle	Street: 3905 W. 1st AU.  City: ASDISTON W. 21p. 54914	Town Sillage City (Municipality Name)	12/13/20// (Month) (Day) (Year)	Phone (920) (470) 632
2. Print: Drawo Gurderson Sign: Dune Gurderson	Street: DA Saffler St.  Street: DA Saffler St.  City: Kankanne MI 54130  Zip:	Town Village City  (Municipality Name)	Month) (Day) (Year)	Phone (720)
3.  Print:  Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
4.  Print:  Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone ( )
5. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
(Printed Name of Circulator)	Certification of Circulator  (certify): I reside at  (circulator's Residence - Street Name and Nu  (circulator's R	Karkarray WY 54130 tors of the jurisdiction or district represented by the	the officeholder iven. I support this	Circulators, Please include your contact info in a Phone  (4 20 766  Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
name & signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print XIA XIONGKHANG BEN XIU XÓNG KHANG	Birecti 350 21ST AUE Souty  City, WIS Rapids 2191 54495	□ Town □ Village □ City   (Municipality Name)	/2/3//20 <u>//</u> (Month) (Day) (Year)	Phone (7/5) 7/2
Print WANG DOUA KHANG	Bireli 2251 Ranger Road  City WISRAPICS Zip: 54494	☐ Town ☐ Village ②(City  (Municipality Name)	(Mouth) (Day) (Year)	Phone (7/5)7/2.
Signs	Street; City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	// 20	Phone ( )
4. Printi	Street: City: Zip:	☐ Town ☐ Vittage ☐ City  (Municipality Name)	/20	Phone ( )
Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	// 20	Bmail Phone ( )
1, YOUAHANG KHANG. (Printed Name of Circulator)	Certification of Circulator (certify): 1 reside at 5257 300 A Le Residence - Street Name and Nu	which wish 54475 fumber of Williams	Rudolph cipality)	Circulators, Please include your contact info it
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification (Month) (Day) (Year)	obtained each of the signatures on this paper, I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. State.  (Signature of Circulator)	ors of the jurisdiction or district represented by the name. I know their respective residences give Page No. (Official United Page No. (Official Un	en, I support this	Phone (7/5)647  Bmail

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Reca PO Box 2569

Street: 420 11th Ave NO.		12/31/20 <u>11</u> (Month) (Day) (Year)	Email Txhim@c  Phone  (715)25
Wisc. Rapids WIn: 54495			(715)25
		1 .	
siren 541 Hout	☐ Town ☐ Village ☐ Town	////20 <u>/2</u> (Month) (Day) (Year)	Email Phone
Can Sin Sugar Syagy	(Municipality Name)	(1000)	(7/5)5
Giraat	□ Town □ Village □ City		Email
	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
City: Zip:			Email
Street:	☐ Town ☐ Village ☐ City	/ /20	
	(Municipality Name)	(Month) (Day) (Year)	Phone (
City: Zip:	Птош		Email
Street:	☐ Village ☐ City		
	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
Cliy: Zip:	<u> </u>		
Certification of Circulator  [certify): 1 reside at 5307 30 Ave Bredok  (Circulator's Residence - Street Name and N	AWI54475 Realister Music		Circulators,
			Please include your contact info Phone
obtained each of the signatures on this paper. I know that the signers are electropaper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats.	r her name. I know their respective residences giv	ven. I support this	(715)69°
- torst			Enmil
	City: Zip:  Cliy: Zip:  Certification of Circulator  Certify): I reside a Son Ale Russia (Circulator's Residence – Street Name and Notained each of the signatures on this paper, I know that the signers are electropaper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats.	City   Construct   City   Construct   City   City	Clay:   Clay

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Year)

(Day)

(Month)

Return by January 10,

Committee to Recall V PO Box 2569 Madison, WI 53701

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	TY OF RESIDENCE, IS NOT SUFFICIENT.  S BE LISTED.		1
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFOR
Print: PALE THOMPSON SIDELLA THOMPSON	4530 TOMAHAWK LUI Street: JONOSUI'lle 21p: 53546	Zi Town □ Village □ City  HARMONY  (Municipality Name)	// /26/20 <u>//</u> (Month) (Day) (Year)	Phone (608) 868-
2. Print: Diane Can)son Sign: Diane Calon	Street: 3432 Royal R2.	Town Village City  (Municipality Name)	11  29   20 <u>11</u> (Month) (Day) (Year)	Phone (608 ) 757-6
3. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
I, Sonia Thomps M (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 4530 E. Town how K  (Circulator's Residence – Street Name and No	Land Harmany umber) (Circulator Munic	Tormship cipality)	Circulators, Please include your contact info in cas Phone
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	obtained each of the signatures on this paper. I know that the signers are elect e paper with full knowledge of its content on the date indicated opposite his on is punishable under S.12.13(3)(a), Wis. Stats.	ors of the jurisdiction or district represented by the rher name. I know their respective residences given the rher name. Page No. (Official Use	en. I support this	(LOS) 868

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2
Committee to Recall Wa
PO Box 2569

THE MUNICIPALITY U		Madison, WI 53/UI		
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMA
1. Print: Vernon Lewereuz sign Vernon Javerus	Street 7273 Clover Hill Dr  City: Warnaker zip 53597	Town  Town  City  Municipality, Name)	]	(608) 831-
Print Cynthia Lewerenz sum Engretheia Sewerenz	Street:  City: Waunakee zip 53597	Spangfeld (Municipally Name)	1/8/20 <u>/2</u> (Month) (Day) (Year)	Phone (68) 83/-
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
4, Print:	Street:  City: Zlp:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
5.  Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )
I personally circulated this recall petition and personally of	Certification of Circulator  (certify): I reside at 947 Frank   1954 Free  (Circulator's Residence - Street Name and Numbrained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or	ors of the jurisdiction or district represented by the	icipality) the officeholder iven. I support this	Circulators, Please include your contact info in case to Phone  (608) 643— Email  NCUMAOC

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2 Committee to Recall Wa

PO Box 2569 Madison, WI 53701

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE MUST ALWAY		₫.	Madison, WI 53/01
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORM
1. Print: KIRK A. WALTERS Sign: Ruch A. Watters	Street: 515 MAIN ST.  City: MINING Zip: 54859	Town  Village City  MINDNG  (Municipality Name)	/ / 9 / 20 <u>/ 2</u> (Month) (Day) (Year)	Phone (715) 466-
2. Print: WINNIFRED WALTE Sign: Winifest H Walters		Town Village City  (Municipality Name)	/ /9 /20/2 (Month) (Day) (Year)	Phone (715) 466
3. Print: Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
4. Print: Sign:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Vear)	Phone
5. Print:	City: Zip:  Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
1. K.RK A. WALTERS (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 515 MACN 57.  (Circulator's Residence - Street Name and N	Will AGE OF  Jumber) (Circulator Mun	MINUNG-	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

Please include your contact info in case t

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Signature of Circulator

Return by January 10,
Committee to Recall W

PO Box 2569

THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			; Madison, WI 55/UI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORM
1. Print: Cachary Gilbert  Sign: Ladim Der	street: Bo 9105 E Evryson Ave	Town Utillage City Ofth Spr. no. 5 (Municipality Name)	12/ 15/20 <u>)  </u> (Month) (Day) (Year)	Email  29, 16460  Phone  (715) 8/6-
Print: Paul Vacifa	Street: 11261 Rock n Roll Ln.  City: Gordon zip: 54838	Town Village City Gordon (Municipality Name)	12/16/2011 (Month) (Day) (Year)	Phone (715) 376-
Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Dny) (Year)	Phone ( )
5. Print: Sign:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone ( )
I, Curtis Zamzow, (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 1/3205 E 5TH 5T  (Circulator's Residence – Street Name and No.	Solon Sp/ umber) (Circulator Muni	cipality)	1873  Circulators,  Please include your contact info in case  [ Phone
	bitained each of the signatures on this paper. I know that the signers are elect paper with full knowledge of its content on the date indicated opposite his or is punishable under \$\frac{12.13(3)(3)}{2.13(3)(3)}\$.			(715 ) 378-3

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE. IS NOT SUFFICIENT.  NAME & STONE THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS  1.	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	con
Sign. MERA B. HomeskyE	Street: 487 CONCORD RD. AM. 78	Town  Village  City		Email
	Can: PEWAUKEE 13072	(Municipality Name)	11  21   20 11 (Month) (Day) (Year)	Phone (262
THE JOSEPH HOMESKYE	Street: 487 Concord Rd. Apr 78	□ Town  ★Cvillage □ Cirv		Email
in: Joseph Homeskye	CAN: PEWAUKEE MAY 53072	PEWAUKEE (Municipality Name)	11 /21/2011 (Month) (Day) (Vear)	Phone
im Marilynn Nater	street: 1208 AS. 15th Place	□ Town □ Village		Email
manyun Nater	milwackoe wit xp 53204	Milway 00 (Municipality Name)	12/07/2011 (Month) (Day) (Year)	Phone
nt:	Street:	☐ Town ☐ Village ☐ City		(414 )
II.		(Municipality Name)	/ /20	Phone
8	City: Zip:	☐ Town ☐ Village		( )
	Street:	□ City	/ /20	Phone
Sary Donaldson	Certification of Circulator			
(Printed Name of Circulator) onally circulated this recall petition and personally obta	crtify): I reside at 9200 N. Tennyton Or (Circulator's Residence - Street Name and Nutined each of the signatures on this paper. I know that the signers are elector punishable und 532 1 know which the signature of the content on the date indicated opposite his or punishable und 532 1 know he can be supposed to the signature.	mber) Bayside WI (Circulator Municipal)	dity) Ci	rculators, ase include your conta
(Month) / 20 ((	tined each of the signatures on this paper. I know that the signers are electoper with full knowledge of its content on the date indicated opposite his or punishable under \$12.13(0(a)). Wis Stats.	rs of the jurisdiction or district represented by the of her name. I know their respective residences given. I Page No. topicial Use Out-	support this	Phone ( )
(Month) (Day) (Year)	(Signature of Circulator)	000150		